INVENTOR SEARCH

=> d ibib abs ind hitstr 14 1-2

L4 ANSWER 1 OF 2 HCAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2005:696572 HCAPLUS Full-text
DOCUMENT NUMBER: 143:166718
TITLE: Quinoline derivatives for treating oral aphthous stomatitis and oral mucositis
INVENTOR(S): Dayan, Dan
PATENT ASSIGNEE(S): M.D.Z. Investments Ltd., Israel
SOURCE: PCT Int. Appl., 24 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

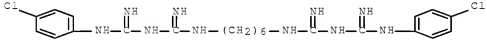
PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005069731	A2	20050804	WO 2005-IL78	20050121
WO 2005069731	A3	20050915		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
US 20070155786	A1	20070705	US 2007-586841	20070220
PRIORITY APPLN. INFO.:			IL 2004-160022 A	20040122
			IL 2004-161012 A	20040322
			IL 2004-162591 A	20040617
			WO 2005-IL78 W	20050121

OTHER SOURCE(S): MARPAT 143:166718

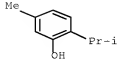
AB The invention provides a composition comprising certain quinoline derivs. for ameliorating, treating, and preventing aphthous stomatitis and oral mucositis. The composition, optionally containing also an antiseptic, efficiently alleviates various oral conditions, such as aphthae, even at low concns. of the active substance. Patients with mouth diseases had good results with oral rinses of hydroxychloroquine solns.

IC ICM A61K
CC 1-12 (Pharmacology)
Section cross-reference(s): 63
ST mouth disease quinoline deriv soln
IT Inflammation
Mouth, disease
(aphthous stomatitis; quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT Mucous membrane
(disease, inflammation; quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)

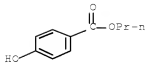
IT Inflammation
(mucous membrane; quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT Antibacterial agents
Disinfectants
Human
Mouthwashes
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT Drug delivery systems
(solns., oral; quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT 55-56-1, Chlorhexidine 89-83-8, Thymol 94-13-3
, Propylparaben 94-26-8, Butylparaben 99-76-3,
Methylparaben 120-47-8, Ethylparaben
RL: MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT 118-42-3, Hydroxychloroquine
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT 56-54-2, Quinidine 130-95-0, Quinine
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
IT 55-56-1, Chlorhexidine 89-83-8, Thymol 94-13-3
, Propylparaben 94-26-8, Butylparaben 99-76-3,
Methylparaben 120-47-8, Ethylparaben
RL: MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
RN 55-56-1 HCAPLUS
CN 2,4,11,13-Tetraazatetradecanediimidamide, N,N''-bis(4-chlorophenyl)-3,12-diimino- (CA INDEX NAME)



RN 89-83-8 HCAPLUS
CN Phenol, 5-methyl-2-(1-methylethyl)- (CA INDEX NAME)



RN 94-13-3 HCAPLUS
CN Benzoic acid, 4-hydroxy-, propyl ester (CA INDEX NAME)



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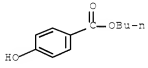

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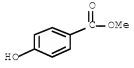
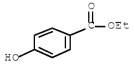
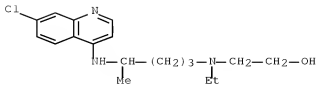


RN 120-47-8 HCAPLUS
CN Benzoic acid, 4-hydroxy-, ethyl ester (CA INDEX NAME)

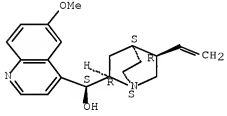


IT 118-42-3, Hydroxychloroquine
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
RN 118-42-3 HCAPLUS
CN Ethanol, 2-[[4-[(7-chloro-4-quinolinyl)amino]pentyl]ethylamino]- (CA INDEX NAME)



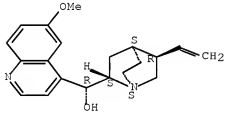
IT 56-54-2, Quinidine 130-95-0, Quinine
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)
RN 56-54-2 HCAPLUS
CN Cinchonan-9-ol, 6'-methoxy-, (9S)- (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



RN 130-95-0 HCAPLUS
CN Cinchonan-9-ol, 6'-methoxy-, (8α,9R)- (CA INDEX NAME)

Absolute stereochemistry.



L4 ANSWER 2 OF 2 HCAPLUS COPYRIGHT 2008 ACS on STN

ACCESSION NUMBER:	1993:94287 HCAPLUS Full-text
DOCUMENT NUMBER:	118:94287
ORIGINAL REFERENCE NO.:	118:16317a,16320a
TITLE:	Inhibition of adherence of Candida albicans to acrylic by a chitin derivative
AUTHOR(S):	Segal, E.; Kremer, I.; Dayan, D.
CORPORATE SOURCE:	Sackler Fac. Med., Tel Aviv Univ., Ramat Aviv, 69978, Israel
SOURCE:	European Journal of Epidemiology (1992), 8(3), 350-5 CODEN: EJEPE8; ISSN: 0393-2990
DOCUMENT TYPE:	Journal

LANGUAGE: English

AB The purpose of this study was to assess the effect of a chitin derivative (CSE) on the adherence of C. albicans to acrylic. Fungal adherence to acrylic denatures is considered an essential step in the development of denture stomatitis. Adherence of C. albicans to acrylic pieces (5 + 5 mm) was assessed microscopically using a calibrated ocular objective and expressed as number of adherent yeasts/mm2 of acrylic. CSE was prepared from com. chitin (crab shell) and from chitin isolated from C. albicans blastospores. The effect of both CSE types on the adherence of C. albicans to acrylic was examined in two exptl. systems: CSE present during the adherence assay and acrylic pieces pretreated with CSE prior to the assay. Both CSE types exerted a significant inhibitory effect when tested in the two exptl. systems. These findings are significant for possible prevention of denture stomatitis.

CC 1-12 (Pharmacology)
Section cross-reference(s): 63

ST Candida adherence inhibition chitin denature stomatitis

IT Candida albicans
(chitin derivative inhibition of adherence of, to denture acrylic, prevention of denture stomatitis in relation to)

IT Mouth
(disease, stomatitis, from denture wearing, treatment of, Candida albicans adherence inhibition by chitin derivative in relation to)

IT 1398-61-4, Chitin
RL: BIOL (Biological study)
(Candida albicans adherence inhibition by, in prevention of denture stomatitis)

IT 1398-61-4, Chitin
RL: BIOL (Biological study)
(Candida albicans adherence inhibition by, in prevention of denture stomatitis)

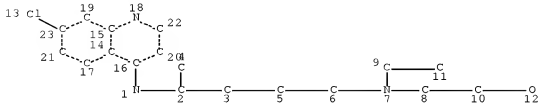
RN 1398-61-4 HCAPLUS

CN Chitin (CA INDEX NAME)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

RESULTS FROM REGISTRY, CAPLUS, MEDLINE, BIOSIS, EMBASE, DRUGU, AND USPATFULL

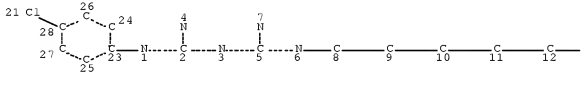
=> d que stat l22
L5 1 SEA FILE=REGISTRY ABB=ON HYDROXYCHLOROQUINE/CN
L6 STR



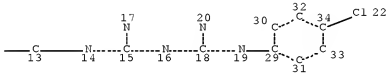
NODE ATTRIBUTES:
DEFAULT MLEVEL IS ATOM
DEFAULT ECLEVEL IS LIMITED

GRAPH ATTRIBUTES:
RING(S) ARE ISOLATED OR EMBEDDED
NUMBER OF NODES IS 23

STEREO ATTRIBUTES: NONE
L8 84 SEA FILE=REGISTRY SSS FUL L6
L9 1 SEA FILE=REGISTRY ABB=ON CHLORHEXIDINE/CN
L10 STR



Page 1-A



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GRAPH ATTRIBUTES:
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NUMBER OF NODES IS 34

STEREO ATTRIBUTES: NONE
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L18 1 SEA FILE=HCAPLUS ABB=ON L13 AND (?STOMATITIS? OR ?MUCOSITIS?)(

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                4A)(?ORAL? OR ?MOUTH?)
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                )(4A)(?ORAL? OR ?MOUTH?)
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                )
L21           37 SEA (L5 OR ?HYDROXYCHLOROQUINE?) AND (L9 OR ?CHLORHEXIDINE?)
L22           39 DUP REMOV L18 L20 L21 (4 DUPLICATES REMOVED)


=> d ibib abs hitstr l22 1-39

L22  ANSWER 1 OF 39  USPATFULL on STN
ACCESSION NUMBER:       2008:73676  USPATFULL  Full-text
TITLE:                  Composition for treating oral cavity and Mucousal
                        infections
INVENTOR(S):            Friedman, Doron I., Karme Yosef, ISRAEL
PATENT ASSIGNEE(S):     J.P.M.E.D. LTD., Karme Yosef, ISRAEL, 99797 (non-U.S.
                        corporation)

                             NUMBER       KIND    DATE
                        ---------------- ------ --------
PATENT INFORMATION:     US 20080064711     A1   20080313
APPLICATION INFO.:      US 2007-807901     A1   20070529  (11)
RELATED APPLN. INFO.:   Continuation-in-part of Ser. No. US 2005-535961, filed
                        on 20 May 2005, ABANDONED A 371 of International Ser.
                        No. WO 2003-IL980, filed on 19 Nov 2003

                              NUMBER        DATE
                        ------------------ --------
PRIORITY INFORMATION:   IL 2003-158901     20031117                 <--
                        IL 2002-152993     20021121                 <--
DOCUMENT TYPE:          Utility
FILE SEGMENT:           APPLICATION
LEGAL REPRESENTATIVE:   TOWNSEND AND TOWNSEND AND CREW, LLP, TWO EMBARCADERO
                        CENTER, EIGHTH FLOOR, SAN FRANCISCO, CA, 94111-3834, US
NUMBER OF CLAIMS:       18
EXEMPLARY CLAIM:        1
LINE COUNT:             956
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB      The present invention provides a composition of matter for treating oral
        cavity infections and mucosal infections, said composition comprising: at
        least one anti-microbial drug; and at least one essential oil, in
        combination with a substantially, alcohol-free carrier system, said carrier
        system being selected from an isotonic system and a moderately hypertonic
        system, wherein the final composition isotonicity is between 140 and 480
        miliosmolar.


CAS INDEXING IS AVAILABLE FOR THIS PATENT.
IT  55-56-1, Chlorhexidine 18472-51-0, Chlorhexidine
      gluconate
        (antimicrobial composition for treating oral cavity and mucousal
infections)
RN   55-56-1  USPATFULL
CN   2,4,11,13-Tetraazatetradecanediimidamide, N,N''-bis(4-chlorophenyl)-3,12-
       diimino-  (CA INDEX NAME)
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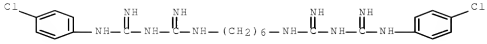
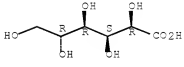


RN 18472-51-0 USPATFULL
CN D-Gluconic acid, compd. with N1,N14-bis(4-chlorophenyl)-3,12-diimino-2,4,11,13-tetraazatetradecanediimidamide (2:1) (CA INDEX NAME)

CM 1

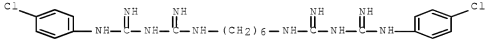
CRN 526-95-4
CMF C6 H12 O7
CDES 5:D-GLUCO

Absolute stereochemistry.

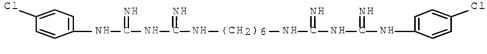


CM 2

CRN 55-56-1
CMF C22 H30 Cl2 N10



IT 55-56-1D, Chlorhexidine, salts
(antimicrobial composition for treating oral cavity and mucousal infections)
RN 55-56-1 USPATFULL
CN 2,4,11,13-Tetraazatetradecanediimidamide, N,N''-bis(4-chlorophenyl)-3,12-diimino- (CA INDEX NAME)



L22 ANSWER 2 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2008324301 EMBASE Full-text
TITLE: [Photosensitivity due to drugs].
Medicaments photosensibilisants.
AUTHOR: Maesschalck, Joris (correspondence)

CORPORATE SOURCE: Centre d'Information Pharmaceutique, CDSP/CWOA, APB.
SOURCE: Journal de Pharmacie de Belgique, (Jun 2008) Vol. 63, No. 2, pp. 51-56.
Refs: 26
ISSN: 0047-2166 CODEN: JPBEAJ
COUNTRY: Belgium
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: French
SUMMARY LANGUAGE: French
ENTRY DATE: Entered STN: 29 Jul 2008
Last Updated on STN: 29 Jul 2008

L22 ANSWER 3 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2008332109 EMBASE Full-text
TITLE: [Photosensitizing drugs].
Fotosensibiliserende geneesmiddelen.
AUTHOR: Maesschalck, Joris (correspondence)
CORPORATE SOURCE: Centrum Voor Farmaceutische Informatie, CWOA, APB, Archimedesstraat 11, 1000 Brussel.
SOURCE: Farmaceutisch Tijdschrift voor Belgie, (Jun 2008) Vol. 85, No. 2, pp. 37-44.
Refs: 26
ISSN: 0771-2367 CODEN: FMTBB2
COUNTRY: Belgium
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Dutch; Flemish
ENTRY DATE: Entered STN: 7 Aug 2008
Last Updated on STN: 7 Aug 2008

L22 ANSWER 4 OF 39 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2007719488 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 17970690
TITLE: Sarcoidosis affecting the periodontium: a long-term follow-up case.
AUTHOR: Moretti Antonio J; Fiocchi Maria F; Flaitz Catherine M
CORPORATE SOURCE: Department of Periodontics, The University of Texas Dental Branch at Houston, Houston, TX, USA.
SOURCE: Journal of periodontology, (2007 Nov) Vol. 78, No. 11, pp. 2209-15.
Journal code: 8000345. ISSN: 0022-3492.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Dental Journals; Priority Journals
ENTRY MONTH: 200801
ENTRY DATE: Entered STN: 11 Dec 2007
Last Updated on STN: 29 Jan 2008
Entered Medline: 25 Jan 2008
AB BACKGROUND: Clinical manifestations of sarcoidosis affecting the periodontium could mimic aggressive periodontitis. This case report documents the occurrence of sarcoidosis affecting the periodontium, including its clinical

features, diagnosis, treatment, and 6-year follow-up. METHODS: An individual with a history of pulmonary sarcoidosis was referred for evaluation and treatment of an aggressive periodontal condition. Clinical, radiographic, and histopathologic findings supported the diagnosis of sarcoidosis affecting the periodontium. Initial treatment consisted of reinforcement of oral hygiene, scaling and root planing, chlorhexidine rinses, and periodontal maintenance. The systemic disease was managed with prednisone, alendronate, and losartan. Twelve months later, the patient returned with severe attachment loss of sudden onset and gingival recession affecting the facial right surfaces of maxillary posterior teeth. In addition, he complained of chronic pain of moderate to severe intensity involving both jaws. The affected teeth were extracted and the surrounding alveolar bone was debrided. Intraoral sarcoidosis was confirmed by histologic findings, and his medications were changed to methotrexate and hydroxychloroquine. RESULTS: The patient has been followed for 6 years with continuation of the systemic medications and periodontal maintenance every 3 to 4 months without recurrence of intraoral sarcoidosis. CONCLUSIONS: The main features of this unique periodontal presentation were pain, rapidly progressive gingival recession, and significant changes in alveolar bone density in focal areas. Careful review of medical history and close monitoring of intraoral conditions are critical for patients with a history of sarcoidosis. An intraoral biopsy is necessary to confirm a definitive diagnosis in cases with similar clinical findings.

L22 ANSWER 5 OF 39 USPATFULL on STN

ACCESSION NUMBER:	2006:124268 USPATFULL Full-text		
TITLE:	Compositions for treating infected skin and mucous membrane comprising an anti-microbial agent and an essential oil		
INVENTOR(S):	Friedman, Doron I, Karme Yosef, ISRAEL		
PATENT ASSIGNEE(S):	J.P.M.E.D. LTD, KARME YOSEF, ISRAEL (non-U.S. corporation)		
	NUMBER	KIND	DATE
PATENT INFORMATION:	US 20060105000	A1	20060518
APPLICATION INFO.:	US 2003-535961	A1	20031119 (10)
	WO 2003-IL980		20031119
			20050520 PCT 371 date
	NUMBER	DATE	
PRIORITY INFORMATION:	IL 2002-152993	20021121	<--
	IL 2003-158901	20031117	<--
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	APPLICATION		
LEGAL REPRESENTATIVE:	TOWNSEND AND TOWNSEND AND CREW, LLP, TWO EMBARCADERO CENTER, EIGHTH FLOOR, SAN FRANCISCO, CA, 94111-3834, US		
NUMBER OF CLAIMS:	20		
EXEMPLARY CLAIM:	1		
LINE COUNT:	759		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

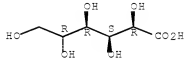
AB The invention provides a composition of matter for treating infected skin and mucousal membranes, said composition comprising at least one anti-microbial drug; and at least one essential oil, in combination with a substantially, alcohol-free carrier system, said carrier being selected from a liquid carrier or a semi-solid carrier, said carrier system being selected from isotonic system and a moderately hypertonic system.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
IT 18472-51-0, Chlorhexidine gluconate
(topical compns. comprising antimicrobial agent and essential oil for treating infected skin and mucous membrane)
RN 18472-51-0 USPATFULL
CN D-Gluconic acid, compd. with N1,N14-bis(4-chlorophenyl)-3,12-diimino-2,4,11,13-tetraazatetradecanediimidamide (2:1) (CA INDEX NAME)

CM 1

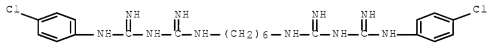
CRN 526-95-4
CMF C6 H12 O7
CDES 5:D-GLUCO

Absolute stereochemistry.



CM 2

CRN 55-56-1
CMF C22 H30 Cl2 N10



L22 ANSWER 6 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2006314317 EMBASE Full-text
TITLE: Update on the treatment of systemic lupus erythematosus.
AUTHOR: Arango, Ana M.; Reveille, John D. (correspondence)
CORPORATE SOURCE: Division of Rheumatology, The University of Texas, Health Science Center at Houston, Houston, TX, United States. john.d.reveille@uth.tmc.edu
SOURCE: Women's Health, (Jul 2006) Vol. 2, No. 4, pp. 605-616. Refs: 46
ISSN: 1745-5057 E-ISSN: 1745-5065
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 026 Immunology, Serology and Transplantation
030 Clinical and Experimental Pharmacology
031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19 Jul 2006

Last Updated on STN: 19 Jul 2006

AB The improving prognosis in patients with systemic lupus erythematosus is due in no small part to refinements in treatment. One idea is to tailor the treatment to the specific clinical features. For example, the treatment of cutaneous lupus may require antimalarial and topical agents initially, with more severe cases requiring dapsone or even thalidomide. Conversely, renal involvement in systemic lupus erythematosus is better treated with corticosteroids and immunosuppressive agents such as intravenous cyclophosphamide, mycophenolate mofetil or azathioprine. It is very clear that comorbidities such as steroid-induced diabetes mellitus, hypertension and osteonecrosis have been responsible for a great deal of the morbidity associated with systemic lupus erythematosus and must be aggressively managed. In addition to 'traditional' agents, newer medications such as rituximab, abatacept and B-lymphocyte stimulator antagonists are showing great promise and will probably be an an important part of the management of severe lupus in the future. .COPYRGT.2006 Future Medicine Ltd.

L22 ANSWER 7 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006154253 EMBASE Full-text
TITLE: Anal involvement in pemphigus vulgaris.
AUTHOR: Malik, Mohsin; El Tal, Abd-El-Kader; Ahmed, A. Razzaque, Dr. (correspondence)
CORPORATE SOURCE: Department of Medicine, New England Baptist Hospital, Boston, MA, United States. ARAhmedMD@msn.com
AUTHOR: Ahmed, A. Razzaque, Dr. (correspondence)
CORPORATE SOURCE: Department of Oral Medicine, Infection, and Immunity, Harvard School of Dental Medicine, Boston, MA, United States. ARAhmedMD@msn.com
AUTHOR: Ahmed, A. Razzaque, Dr. (correspondence)
CORPORATE SOURCE: Center for Blistering Diseases, New England Baptist Hospital, 70 Parker Hill Avenue, Boston, MA 02120, United States. ARAhmedMD@msn.com
SOURCE: Diseases of the Colon and Rectum, (Apr 2006) Vol. 49, No. 4, pp. 500-506.
Refs: 14
ISSN: 0012-3706 E-ISSN: 1530-0358 CODEN: DICRAG
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 7 Apr 2006
Last Updated on STN: 7 Apr 2006

AB INTRODUCTION: Anal involvement in patients with pemphigus vulgaris has rarely been reported. We report 16 pemphigus vulgaris patients with anal involvement. METHODS: We retrospectively reviewed the clinical data on 16 patients treated at a tertiary dermatology referral center. RESULTS: Of 16 patients with anal involvement of pemphigus vulgaris, ten were female and six were male. The mean age of onset was 56 (range, 37-82) years. All patients had involvement of pemphigus vulgaris at multiple sites, including oral involvement. Recurrent episodes of anal pemphigus vulgaris were noted in nine (56 percent) patients, with a mean of 2.4 recurrences (range, 1-11). In all patients, pemphigus vulgaris was controlled with systemic and local therapy. Long-term follow-up for a mean of 53 (range, 4-188) months indicated that no

long-term sequela occurred because of anal involvement. CONCLUSIONS: Anal involvement in pemphigus vulgaris is not very common and generally occurs in patients with severe disease. With appropriate topical and systemic therapy, patients have full recovery with no sequelae. .COPYRGT. The American Society of Colon and Rectal Surgeons 2006.

L22 ANSWER 8 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006100098 EMBASE Full-text
TITLE: Drug-induced photosensitivity.
AUTHOR: Dufner, Kimberly S.; Buss, Lori A.; Kizito, Joseph
SOURCE: Hospital Pharmacy, (Feb 2006) Vol. 41, No. 2, pp. 196-206.
Refs: 96
ISSN: 0018-5787 CODEN: HOPHAZ
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English
ENTRY DATE: Entered STN: 16 Mar 2006
Last Updated on STN: 16 Mar 2006

L22 ANSWER 9 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006165600 EMBASE Full-text
TITLE: Recalcitrant leg ulcer due mixed connective tissue disease.
AUTHOR: Rozin, A.P. (correspondence); Braun-Moscovici, Y.; Balbir-Gurman, A.
CORPORATE SOURCE: Deparment of Rheumatology, Rambam Medical Centre and Technion, Haifa, Israel. a_rozin@rambam.health.gov.il
AUTHOR: Bergman, R.
CORPORATE SOURCE: Department of Dermatology, Rambam Medical Centre and Technion, Haifa, Israel.
AUTHOR: Rozin, A.P. (correspondence)
CORPORATE SOURCE: Department of Rheumatology, Rambam Medical Centre and Technion, Haifa, Israel. a_rozin@rambam.health.gov.il
SOURCE: Netherlands Journal of Medicine, (Mar 2006) Vol. 64, No. 3, pp. 91-94.
Refs: 19
ISSN: 0300-2977 CODEN: NJNEEH
COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
031 Arthritis and Rheumatism
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 18 Apr 2006
Last Updated on STN: 18 Apr 2006

AB We present a 28-year-old woman with mixed connective tissue disease (MCTD) complicated by a recalcitrant longstanding leg ulcer, which responded to complex therapy with local polydine, systemic ciprofloxacin, iloprost, enoxaparin and aspirin. Cyclophosphamide pulse therapy and corticosteroids controlled the systemic inflammation but failed to heal the leg ulcer. We considered a rationale of complex therapy for the leg ulcer on a basis of

pathogenesis and complications of MCTD. .COPYRGT. 2006 Van Zuiden Communications B.V. All rights reserved.

L22 ANSWER 10 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006361967 EMBASE Full-text
TITLE: Treatment and follow-up of 18 severe systemic lupus erythematosus patients with stem cell transplantation.
AUTHOR: Leng, XiaoMei; Zhao, Yan (correspondence); Tian, XinPing; Zeng, XiaoFeng; Zhang, FengChun; Dong, Yi; Tang, FuLin
CORPORATE SOURCE: Department of Rheumatology, Peking Union Medical College Hospital, Beijing 100730, China. zhaoypumch@yahoo.com.cn
AUTHOR: Zhou, DaoBing; Shen, Ti; Zhao, YongQiang (correspondence)
CORPORATE SOURCE: Department of Hematology, Peking Union Medical College Hospital, Beijing, China. zhaoypumch@yahoo.com.cn
AUTHOR: Li, TaiSheng
CORPORATE SOURCE: Department of Infectious diseases, Peking Union Medical College Hospital, Beijing, China.
SOURCE: APLAR Journal of Rheumatology, (Apr 2006) Vol. 9, No. 1, pp. 49-55.
Refs: 25
ISSN: 0219-0494 E-ISSN: 1479-8077 CODEN: AJRPBQ
COUNTRY: Australia
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 025 Hematology
031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 22 Aug 2006
Last Updated on STN: 22 Aug 2006

AB Aim: To investigate the feasibility, efficacy and safety of high-dose immunosuppressive therapy and autologous peripheral blood stem cell transplantation (PBSCT) with CD34(+) cell selection in patients with refractory and severe autoimmune diseases. Methods: Eighteen patients with persistent systemic lupus erythematosus refractory to conventional treatment were enrolled into the study of peripheral blood stem cell transplantation in Peking Union Medical College Hospital from 1999 to 2005. After mobilization and conditioning, the enriched CD34(+) cells were reinfused. Disease activity, adverse effects, haematopoietic and immunologic reconstitution were monitored and followed up for at least 6 months. Results: Overall treatment-related mortality was 5.6% with one patient dying of cytomegalovirus infection. The overall remission rate was 95.8% in the first year after PBSCT. Relapse occurred in three patients (17.6%) in 37, 26, and 19 months post-transplantation, respectively. Disease Activity Index scores of systemic lupus erythematosus survivors were decreased significantly ($P < 0.001$). Conclusions: Short-term effect of autologous peripheral blood stem cell transplantation is promising although treatment-related mortality and relapses are observed in a subset of patients. High-dose immunosuppressive therapy followed by autologous peripheral blood stem cell transplantation with CD34(+) cell selection is feasible and relatively safe in the treatment of severe and refractory autoimmune diseases. The long-term effect needs further evaluation and multicentre study. .COPYRGT. 2006 Asia Pacific League of Associations for Rheumatology.

L22 ANSWER 11 OF 39 HCAPLUS COPYRIGHT 2008 ACS on STN

ACCESSION NUMBER: 2005:696572 HCAPLUS Full-text

DOCUMENT NUMBER: 143:166718
TITLE: Quinoline derivatives for treating oral aphthous stomatitis and oral mucositis
INVENTOR(S): Dayan, Dan
PATENT ASSIGNEE(S): M.D.Z. Investments Ltd., Israel
SOURCE: PCT Int. Appl., 24 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005069731	A2	20050804	WO 2005-IL78	20050121
WO 2005069731	A3	20050915		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
US 20070155786	A1	20070705	US 2007-586841	20070220

PRIORITY APPLN. INFO.:

IL 2004-160022	A	20040122
IL 2004-161012	A	20040322
IL 2004-162591	A	20040617
WO 2005-IL78	W	20050121

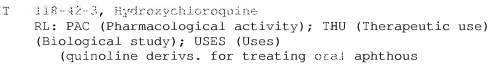
OTHER SOURCE(S): MARPAT 143:166718

AB The invention provides a composition comprising certain quinoline derivs. for ameliorating, treating, and preventing aphthous stomatitis and oral mucositis. The composition, optionally containing also an antiseptic, efficiently alleviates various oral conditions, such as aphthae, even at low concns. of the active substance. Patients with mouth diseases had good results with oral rinses of hydroxychloroquine solns.

IT 55-56-1, Chlorhexidine
RL: MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous stomatitis and oral mucositis)

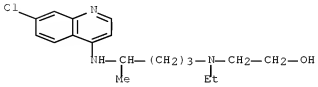
RN 55-56-1 HCAPLUS

CN 2,4,11,13-Tetraazatetradecanediimidamide, N,N''-bis(4-chlorophenyl)-3,12-diimino- (CA INDEX NAME)



IT 118-42-3, Hydroxychloroquine
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(quinoline derivs. for treating oral aphthous

stomatitis and oral mucositis)
RN 118-42-3 HCAPLUS
CN Ethanol, 2-[[4-[(7-chloro-4-quinolinyl)amino]pentyl]ethylamino]- (CA INDEX NAME)



L22 ANSWER 12 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2005403684 EMBASE Full-text
TITLE: Investigations and management of gastrointestinal and hepatic manifestations of systemic lupus erythematosus.
AUTHOR: Mok, C.C., Dr. (correspondence)
CORPORATE SOURCE: Department of Medicine and Geriatrics, Tuen Mun Hospital, Tuen Mun, Hong Kong. ccmok2005@yahoo.com
SOURCE: Best Practice and Research in Clinical Rheumatology, (Oct 2005) Vol. 19, No. 5 SPEC. ISS., pp. 741-766.
Refs: 169
ISSN: 1521-6942 CODEN: BPRCC7
PUBLISHER IDENT.: S 1521-6942(05)00036-7
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
048 Gastroenterology
005 General Pathology and Pathological Anatomy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 22 Sep 2005
Last Updated on STN: 22 Sep 2005
AB Gastrointestinal (GI) manifestations of systemic lupus erythematosus (SLE) are protean. Any part of the GI tract and the hepatobiliary system can be involved. Up to two-third of SLE patients develop GI symptoms at some stage of their illnesses. Clinical presentations of GI lupus are non-specific and can be difficult to differentiate from infective, thrombotic, therapy-related and non-SLE etiologies. Clinical acumen and appropriate endoscopic, biopsy and imaging procedures are essential for establishing the correct diagnosis. Acute abdominal pain in SLE patients can herald an intra-abdominal catastrophe and should be evaluated promptly. Surgical intervention should be instituted without delay if conservative management fails or when there is clinical or radiological suspicion of visceral perforation or intra-abdominal collections.

L22 ANSWER 13 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2005487869 EMBASE Full-text

TITLE: Management of oral lichen planus.
AUTHOR: Sahebjamee, Mahnaz (correspondence); Arbabi-Kalati, Fatemeh
CORPORATE SOURCE: Oral Medicine Department, Faculty of Dentistry, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of. sahebjam@sina.tums.ac.ir
SOURCE: Archives of Iranian Medicine, (Oct 2005) Vol. 8, No. 4, pp. 252-256.
Refs: 50
ISSN: 1029-2977 CODEN: AIMRD2
COUNTRY: Iran, Islamic Republic of
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 17 Nov 2005
Last Updated on STN: 17 Nov 2005

AB Oral lichen planus (OLP) is a chronic inflammatory disease characterized by relapses and remissions. There is currently no cure for OLP. Treatment is aimed primarily at reducing the length and severity of symptomatic outbreaks. Topical steroids are the first-choice agent for the treatment of symptomatic, active OLP. Other topical agents that have been used in cases resistant to topical steroids include retinoids, cyclosporine, and tacrolimus. Oral and topical psoralen with a low dose of UVA is effective in treating OLP of various forms, but it seems to have too many side effects. Topical application of psoralen is promising, but IS still at experimental stage. The treatment of symptomatic OLP, especially the erosive variant, represents a perplexing therapeutic challenge. Despite numerous existing remedies, there are many treatment failures.

L22 ANSWER 14 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2005-23402 DRUGU T S Full-text
TITLE: Photosensitization through drugs. Unwanted activity and therapeutic effects.
AUTHOR: Bode C W; Zager A; Haensel W
CORPORATE SOURCE: Univ.Kiel
LOCATION: Kiel, Ger.
SOURCE: Med.Monatsschr.Pharm. (28, No. 3, 85-94, 2005) 8 Fig. 5 Tab. 42 Ref.
CODEN: MMPHDB ISSN: 0342-9601
AVAIL. OF DOC.: Pharmazeutisches Institut, Christian-Albrechts-Universitaet, Gutenbergstr. 76, 24118 Kiel, Germany. (e-mail: whaensel@pharmazie.uni-kiel.de).
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 2005-23402 DRUGU T S Full-text

AB The occurrence of photosensitization during drug treatments is reviewed with reference to the classification, incidence and mechanisms of photosensitization, photodynamic reactions and pathological consequences. Treatment using photosensitization is discussed with reference to PUVA-therapy (using methoxsalen (8-MOP), bergapten (5-MOP) or trioxsalen), extracorporeal photophoresis and photodynamic therapy (using porfimer-sodium, verteporfin, temoporfin or methyl-(5-amino-4-oxo)- oxypentanoate, which is bioactivated to protoporphyrin-IX). Drugs inducing photosensitization include acetazolamide, acetohexamide, aldesleukin, alimemazine, allopurinol,

alprazolam, amantadine, amiodarone, amiloride, amitriptyline, amobarbital, amoxapine, astemizol, atenolol,

ABEX atorvastatin, atropine-sulfate, azathioprine, azithromycin, benazepril, bendroflumethiazide, benzatropine, benzthiazide, betaxolol, bisoprolol, brompheniramine, bumetanide, butabarbital, captopril, carbamazepine, carisoprodol, carteolol, cefazolin, ceftazidime, celecoxib, cerivastatin, cetrizine, quinidine, quinine, chlorambucil, chlordiazepoxide, chlorhexidine, chloroquine, chlorothiazide, chlorotrianisen, chlorpromazine, chlorpropamide, chlorthalidone, cinoxacin, ciprofloxacin, citalopram, clemastin, clofazimine, clofibrate, clomipramine, clorazepate, clozapine, co-trimoxazole, cromoglicinic acid, cyclamate, cyclobenzapine, cyclothiazide, cyproheptadine, dacarbazine, danazol, dantrolene, dapsone, demeclocyclin, desipramine, diazoxide, diclofenac, diflunisal, diltiazem, dimenhydrinate, diphenhydramine, disopyramide, docetaxel, doxepine, doxycyclin, enalapril, enoxacin, epoetin alfa, estazolam, ethacrynic acid, ethambutol, ethionamide, etodolac, felbamate, fenofibrate, flucytosine, fluorouracil, fluoxetin, fluphenazine, flurbiprofen, flutamide, fluvastatin, fluvoxamine, fosinopril, furazolidone, furosemide, ganciclovir, gentamicin, glibenclamide, glimepiride, glipizide, glcyopyrronium-bromide, gold, gold-derivatives, grepafloxacin, griseofulvin, haloperidol, hydralazine, hydrochlorothiazide, hydroflumethiazide, hydroxycarbamide, hydroxychloroquine, hydroxyzine, ibuprofen, imipramine, indapamide, IFN-alfa, isocarboxamide, isoniazid, isotretinoin, kanamycin, ketoconazole, ketoprofen, lamotrigine, leuprorelin, levofloxacin, lincomycin, losartan, loxapine, maprotiline and meclofenamic acid.

(S67/SMB) Photosensibilisierung durch Arzneistoffe. Unerwuenschte Wirkung und therapeutischer Effekt.

L22 ANSWER 15 OF 39 USPATFULL on STN

ACCESSION NUMBER: 2004:101671 USPATFULL Full-text

TITLE: Compositions and methods for modulating physiology of epithelial junctional adhesion molecules for enhanced mucosal delivery of therapeutic compounds

INVENTOR(S): Quay, Steven C., Edmonds, WA, UNITED STATES

PATENT ASSIGNEE(S): Nastech Pharmaceutical Company Inc. (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 20040077540	A1	20040422
APPLICATION INFO.:	US 2003-601953	A1	20030624 (10)

	NUMBER	DATE
PRIORITY INFORMATION:	US 2002-392512P	20020628 (60) <--

DOCUMENT TYPE: Utility

FILE SEGMENT: APPLICATION

LEGAL REPRESENTATIVE: PAUL G. LUNN, ESQ. NASTECH PHARMACEUTICAL COMPANY, INC., 3450 MONTE VILLA PARKWAY, BOTHELL, WA, 98021-8906

NUMBER OF CLAIMS: 92

EXEMPLARY CLAIM: 1

NUMBER OF DRAWINGS: 4 Drawing Page(s)

LINE COUNT: 13170

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Compositions and methods are provided that include a biologically active agent and a permeabilizing agent effective to enhance mucosal delivery of the biologically active agent in a mammalian subject. The permeabilizing agent reversibly enhances mucosal epithelial paracellular transport, typically by modulating epithelial junctional structure and/or physiology at a mucosal epithelial surface in the subject. This effect typically involves

inhibition by the permeabilizing agent of homotypic or heterotypic binding between epithelial membrane adhesive proteins of neighboring epithelial cells. Target proteins for this blockade of homotypic or heterotypic binding can be selected from various related junctional adhesion molecules (JAMs), occludins, or claudins. The permeabilizing agent is typically a peptide or peptide analog or mimetic, often selected or derived from an extracellular domain of a mammalian JAM, occludin or claudin protein.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L22 ANSWER 16 OF 39 USPATFULL on STN

ACCESSION NUMBER:	2003:148990 USPATFULL Full-text
TITLE:	Peripherally active anti-hyperalgesic opiates
INVENTOR(S):	Yaksh, Tony L., San Diego, CA, United States Maycock, Alan L., Malvern, PA, United States
PATENT ASSIGNEE(S):	Adolor Corporation, Malvern, PA, United States (U.S. corporation) The Regents of the University of California, Oakland, CA, United States (U.S. corporation)

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 6573282	B1	20030603	<--
APPLICATION INFO.:	US 1999-374634		19990816 (9)	

RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 1998-199873, filed on 24 Nov 1998, now patented, Pat. No. US 6166039 Continuation of Ser. No. US 1996-712881, filed on 12 Sep 1996, now patented, Pat. No. US 5994372 Continuation-in-part of Ser. No. US 1995-528510, filed on 12 Sep 1995, now patented, Pat. No. US 5849761
DOCUMENT TYPE:	Utility
FILE SEGMENT:	GRANTED
PRIMARY EXAMINER:	Spivack, Phyllis G.
LEGAL REPRESENTATIVE:	Seidman, Stephanie L., Heller Ehrman White & McAuliffe, LLP.
NUMBER OF CLAIMS:	39
EXEMPLARY CLAIM:	1
NUMBER OF DRAWINGS:	9 Drawing Figure(s); 5 Drawing Page(s)
LINE COUNT:	5673

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Compositions and methods using the compositions for treatment of peripheral hyperalgesia are provided. The compositions contain an anti-hyperalgesia effective amount of one or more compounds that directly or indirectly interact with peripheral opiate receptors, but that do not, upon topical or local administration, elicit substantial central nervous system effects. The anti-diarrheal compound 4-(p-chlorophenyl)-4-hydroxy-N-N-dimethyl-α,α-diphenyl-1- piperidinebutyramide hydrochloride is preferred for use in the compositions and methods.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L22 ANSWER 17 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN

ACCESSION NUMBER:	2004-08870 DRUGU T Full-text
TITLE:	Review article: oral ulceration - aetiopathogenesis, clinical diagnosis and management in the gastrointestinal clinic.
AUTHOR:	Field E A; Allan R B
LOCATION:	Liverpool, U.K.
SOURCE:	Aliment.Pharmacol.Ther. (18, No. 10, 949-62, 2003) 6 Fig. 5

Tab. 84 Ref.
CODEN: APTHEN ISSN: 0269-2813
AVAIL. OF DOC.: Oral Medicine Unit, Liverpool University Dental Hospital and School, Pembroke Place, Liverpool L3 5PS, England. (e-mail: e.a.field@liv.ac.uk).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 2004-08870 DRUGU T Full-text
AB Oral ulceration is reviewed with reference to diagnosis and management of recurrent aphthous stomatitis, including topical and systemic therapy. Therapeutic options for recurrent aphthous stomatitis (RAS) include: topical antiseptics (chlorhexidine gluconate), topical analgesics (benzydamine hydrochloride, lignocaine (lidocaine) rinse, topical corticosteroids (hydrocortisone hemisuccinate, triamcinolone acetonide, betamethasone valerate, beclometasone dipropionate, budesonide, triamcinolone with or without chlortetracycline), topical antibiotic (chlortetracycline), systemic immunomodulators (prednisolone, azathioprine, colchicines, ciclosporin, thalidomide). Other therapies include: cimetidine, carbenoxolone, 5-aminosalicylic acid, dapsone, pentoxphylline, low-energy laser, levamisole, nicotine, interferon-alpha and sucralfate.
ABEX Recurrent aphthous stomatitis (RAS) is characterized by recurrent bouts of 1 or several shallow, rounded or ovoid, painful ulcers, that recur at intervals of a few days or up to 2-3 mth. Crohn's disease and ulcerative colitis may occasionally be associated with RAS but are more likely to manifest as other types of oral ulceration. The association of RAS with celiac disease is well established. Hematinic deficiencies (iron, folic acid or vitamin B12) have been reported to be twice as common in RAS patients than in controls. Behcet's disease is a multisystem, chronic relapsing inflammatory disease of unknown cause, which is characterized by recurrent oral (aphthous) ulcers, genital ulcers, uveitis and skin lesions. RAS is seen in all patients with Behcet's disease; it commonly precedes other systemic features and can be of major, minor or herpetiform types. Susceptibility to Behcet's disease is associated with the HLA-B51 MHC class 1 allele. Local treatment with corticosteroids often controls oral and genital ulcers, and immunosuppressive therapy is reserved for severe cases of mucocutaneous involvement. Patients with painful oral ulceration also benefit from analgesic mouthwashes, e.g. benzdamine hydrochloride or lignocaine (lidocaine). Drugs discussed include ciclosporin, azathioprine, thalidomide, colchicines, cyclophosphamide, infliximab and etanercept. Management of orofacial granulomatosis is with azathioprine, clofazimine, hydroxychloroquine, danazol, cyclosporin, sulazosulfapyridine, thalidomide, tacrolimus and antimicrobials, such as metronidazole and cotrimoxazole. (E98)

L22 ANSWER 18 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN DUPLICATE 2
ACCESSION NUMBER: 2002163702 EMBASE Full-text
TITLE: Pharmacotherapy of xerostomia in primary Sjogren's syndrome.
AUTHOR: Wall, Geoffrey C. (correspondence); Magarity, Michelle L.; Jundt, Jeffrey W.
CORPORATE SOURCE: College of Pharmacy/Health Sciences, Drake University, 2507 University Avenue, Des Moines, IA 50311-4505, United States . geoff.wall@drake.edu
SOURCE: Pharmacotherapy, (2002) Vol. 22, No. 5, pp. 621-629. Refs: 42
ISSN: 0277-0008 CODEN: PHPYDQ

COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 23 May 2002
Last Updated on STN: 23 May 2002

AB We reviewed the current literature concerning the treatment of dry mouth in patients with primary Sjogren's syndrome (SJS). Computerized MEDLINE search engines were used with the terms Sjogren, xerostomia, dry mouth, and treatment. References from key articles were searched, and all pertinent articles were procured and reviewed. Primary SJS is an uncommon but serious disorder. Dry mouth caused by SJS can lead to dental erosion, dysphagia, oral infections, and discomfort. Preventing these complications is of paramount importance. Pharmacotherapy is limited to topical saliva substitutes, which are considered first, followed by muscarinic stimulators such as pilocarpine or cevimeline, if required. Immunosuppressive therapy is being investigated. Patients should have regular oral and dental examinations to detect complications. Satisfaction with the efficacy and tolerability of treatment should be monitored frequently. The clinician may have to use a trial-and-error approach to determine a successful regimen.

L22 ANSWER 19 OF 39 EMBASE
ACCESSION NUMBER: 2002100493 EMBASE Full-text
TITLE: The oral side of Sjogren syndrome. Diagnosis and treatment. A review.
AUTHOR: Soto-Rojas, Armando Ernesto, Dr. (correspondence); Kraus, Arnoldo
CORPORATE SOURCE: Depto. de Inmunologia y Reumatologia, INCMNSZ, Vasco de Quiroga 15, Tlalpan, 14000 Mexico, D.F., Mexico. pretali@quetzal.innsz.mx
SOURCE: Archives of Medical Research, (2002) Vol. 33, No. 2, pp. 95-106.
Refs: 96
ISSN: 0188-4409 CODEN: AEDEER
PUBLISHER IDENT.: S 0188-4409(01)00371-X
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 28 Mar 2002
Last Updated on STN: 28 Mar 2002

AB Sjogren syndrome (SS) is an inflammatory disease of the exocrine glands. Although not always present, signs and symptoms of dry eyes and xerostomia are characteristic features of SS. Oral dryness is one of the most important data of patients with SS. Several sets of criteria have been published; however, there is no definitive agreement concerning which is the most useful. In addition to its various clinical manifestations, lack of understanding of the causes of SS delays prompt diagnosis. Histologically, the salivary gland shows

a characteristic lymphocytic infiltrate, which is implicated in the destruction of gland cells. Saliva performs an important role in maintaining and protecting oral health. Deficient quality and quantity of saliva have a detrimental consequence for dental and oral health. In some patients, appropriate information regarding dry mouth care is not offered because most professionals either neglect or ignore adequate attention to oral health. Therefore, lack of treatment is frequent. Medical and dental studies that focus on the oral aspects of diagnosis, consequences, and treatment of SS are commented on. Diagnostic methods used for the oral component are also reviewed. The role of the oral tests developed to diagnose SS is assessed, especially tests used by the majority of criteria. Impairment of salivary secretion increases the risk of developing oral diseases; the therapeutic modalities designed to ameliorate these damages by increasing salivary output or by substitution of saliva are reviewed. We discuss published prevention techniques to diminish dental, periodontal, and soft tissue infections. .COPYRGT. 2002 IMSS. Published by Elsevier Science Inc.

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ACCESSION NUMBER: 2001315435 EMBASE Full-text
TITLE: Primary Sjogren's syndrome: Oral aspects on pathogenesis, diagnostic criteria, clinical features and approaches for therapy.
AUTHOR: Pedersen, A.M. (correspondence); Nauntofte, B.
CORPORATE SOURCE: Dept. of Oral Pathol. Med./Physiol., School of Dentistry, University of Copenhagen, Copenhagen Norre Alle 20, DK-2200 Copenhagen N, Denmark. AMP@odont.ku.dk
SOURCE: Expert Opinion on Pharmacotherapy, (2001) Vol. 2, No. 9, pp. 1415-1436.
Refs: 193
ISSN: 1465-6566 CODEN: EOPHF7
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 011 Otorhinolaryngology
012 Ophthalmology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
005 General Pathology and Pathological Anatomy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 27 Sep 2001
Last Updated on STN: 27 Sep 2001

AB Primary Sjogren's syndrome (pSS) is a chronic inflammatory systemic autoimmune disease affecting the exocrine glands and predominantly the salivary and lacrimal glands. The impaired gland function is assumed to be a result of progressive lymphocyte-mediated destruction of the exocrine gland tissue leading to the cardinal manifestations, hyposalivation and keratoconjunctivitis sicca (KCS), as well as devastating symptoms of oral and ocular dryness. Although primarily characterised as an exocrine dysfunction, non-exocrine organs may also be affected. The onset and course of pSS is usually insidious but may develop into a disabling disease, which profoundly affects the patient's general well being and quality of life. Moreover, pSS may even evolve into a lymphoid malignancy. The aetiology of pSS remains unknown but the pathogenesis of exocrine cell damage is apparently multi-factorial, including immunological, genetic, hormonal and viral components. Recent research also includes neurogenic aspects of exocrine gland dysfunction, including the interference of immune mediators with glandular response to neurotransmitters released from nerve fibres. pSS usually affects

middle-aged women and the female:male ratio is 9:1. The prevalence varies from 0.29 - 4.8%, depending on the population sampled and the diagnostic criteria used. At present, there are no specific diagnostic tests for pSS and no universally accepted diagnostic criteria. The current therapy is primarily symptomatic. This review focuses on the current oral clinical, diagnostic, pathogenic and therapeutic aspects of pSS.

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ACCESSION NUMBER: 2001392930 EMBASE Full-text
TITLE: Oral involvement in autoimmune blistering diseases.
AUTHOR: Casiglia, Jeffrey; Woo, Sook-Bin (correspondence); Ahmed, A.Razzaque
CORPORATE SOURCE: Bringham Dental Group, Brigham and Women's Hospital, Harvard University School of Medicine, Boston, MA, United States. swoo@partners.org
AUTHOR: Woo, Sook-Bin (correspondence)
CORPORATE SOURCE: Brigham Dental Group, Brigham and Women's Hospital, 45 Francis Street, Boston, MA 02115, United States. swoo@partners.org
AUTHOR: Woo, Sook-Bin (correspondence)
CORPORATE SOURCE: Bringham Dental Group, Brigham and Women's Hospital, 45 Francis Street, Boston, MA 02115, United States. swoo@partners.org
SOURCE: Clinics in Dermatology, (2001) Vol. 19, No. 6, pp. 737-741. Refs: 48
ISSN: 0738-081X CODEN: CLDEEU
PUBLISHER IDENT.: S 0738-081X(00)00183-8
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 011 Otorhinolaryngology
013 Dermatology and Venereology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
005 General Pathology and Pathological Anatomy
LANGUAGE: English
ENTRY DATE: Entered STN: 26 Nov 2001
Last Updated on STN: 26 Nov 2001

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ACCESSION NUMBER: 2001267757 EMBASE Full-text
TITLE: Therapy of Sjogren's syndrome.
AUTHOR: Moutsopoulos, N.M. (correspondence); Moutsopoulos, H.M.
CORPORATE SOURCE: Oral Infection and Immunity Branch, Natl. Inst. of Dent. Craniofac. Res., National Institutes of Health, 30 Convent Dr., Bethesda, MD 20892, United States.
SOURCE: Springer Seminars in Immunopathology, (2001) Vol. 23, No. 1-2, pp. 131-145. Refs: 37
ISSN: 0344-4325 CODEN: SSIMDV
COUNTRY: Germany
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 012 Ophthalmology
026 Immunology, Serology and Transplantation
031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

ENTRY DATE: Entered STN: 16 Aug 2001
Last Updated on STN: 16 Aug 2001

L22 ANSWER 23 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2001-20520 DRUGU S Full-text
TITLE: Drug-induced taste disorders: analysis of the French pharmacovigilance database and review of the literature.
AUTHOR: Ratrema M; Guy C; Nelva A; Benedetti C; Beyens M N; Grasset L; Ollagnier M
LOCATION: Saint Etienne, Fr.
SOURCE: Therapie (56, No. 1, 41-50, 2001) 3 Fig. 1 Tab. 95 Ref.
CODEN: THERAP ISSN: 0040-5957
AVAIL. OF DOC.: Centre Regional de Pharmacovigilance et de Renseignements sur le Medicament, Hopital de Bellevue, 42055 Saint Etienne Cedex 2, France.
LANGUAGE: French
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 2001-20520 DRUGU S Full-text
AB The 305 cases of quantitative and/or qualitative taste disorders reported to the French pharmacovigilance authority between 1985 and 1997 were analyzed. These cases involved 412 drugs including ACE inhibitors, terbinafin, zopiclone, D-penicillamine, imidazoles, quinolones, macrolides, carbimazole and calcium channel blockers. Causality was considered doubtful in 72.6% of cases, plausible in 16.7% and probable in 10.7%. The putative agent was withdrawn in 76.6% of cases and outcome was favorable in 60.3% of patients, no improvement occurred in 23.6% despite treatment withdrawal in 62.1% of these cases. In 7 patients receiving DMARDS or antithyroid drugs (carbimazole or propylthiouracil), symptomatic treatment with zinc and/or copper, coupled with withdrawal or dose reduction of the putative agent, was successful in 6 cases. A rechallenge was positive in 18 cases.
ABEX Retrospective analysis of 305 reported cases showed that 412 drugs were implicated. Taste was quantitatively modified in 56.7% and qualitatively altered in 41.3% and was accompanied by olfactory changes in 8.2%, loss of appetite in 2.9% and/or weight loss in 2.3%. In 4.9% of cases, taste disorders occurred in the context of buccal lesions (glossitis, xerostomia, candidiasis). A single drug was suspected in 80.6%. The most common group of drugs or individual agent were ACE inhibitors (14.7%), terbinafin (10.2%), zopiclone (5.9%), D-penicillamine (5.6%), imidazoles (3.9%), macrolides (3.6%), quinolones (3.6%), carbimazole (3.3%) and calcium channel blockers (3.3%). Beta-blockers, propafenone, amiodarone, anticoagulants, mefloquine, zidovudine, zolpidem, carbamazepine, imipramine-type antidepressants, apomorphine, hydroxychloroquine , propylthiouraci, statins, fibrates, ciclosporin, sulfasalaxzine, beta-2 mimetics, theophylline, mucolytics and local anesthetics were implicated less commonly. Drugs implicated only once or twice were KCl, gold salts, NSAID, corticoids, aspirin, molsidomine, cloxacillin, valproic acid, vigabatrin, fluvoxamine, mianserin, minocycline, tetracosactide, calciferol, IFN, nicotine, chlorhexidine, antineoplastics (methotrexate, cyclophosphamide, epirubicin, tamoxifen, chloraminophen, bleomycin) and domperidone. Re-challenge was positive with 1 case involving propafenone, acenocoumarol, molsidomine, imidazole, macrolide, quinolone, zidovudine, nitrofurantoin, zopiclone (2 cases), D-penicillamine, hydroxychloroquine, bezafibrate, tetracosactide, calciferol, sulfasalazine and domperidone. (S54/LL)
Troubles du gout d'origine medicamenteuse: analyse de la Banque Nationale de Pharmacovigilance et revue de la litterature.

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ACCESSION NUMBER: 2000196560 EMBASE Full-text
TITLE: The management of oral lichen planus.
AUTHOR: Setterfield, J.F. (correspondence); Black, M.M.
CORPORATE SOURCE: St. John's Institute of Dermatology, St. Thomas' Hospital, London, United Kingdom. j.setterfield@umds.ac.uk
AUTHOR: Challacombe, S.J.
CORPORATE SOURCE: Dept. of Oral Medicine and Pathology, Guy's Hospital, London, United Kingdom.
AUTHOR: Setterfield, J.F. (correspondence)
CORPORATE SOURCE: St. John's Inst. of Dermatol. (GICT), St. Thomas' Hospital, London SEI 7EH, United Kingdom. j.setterfield@umds.ac.uk
AUTHOR: Setterfield, J.F. (correspondence)
CORPORATE SOURCE: St. John's Inst. of Dermatology, GICT, St. Thomas' Hospital, London SEI 7EH, United Kingdom. j.setterfield@umds.ac.uk
SOURCE: Clinical and Experimental Dermatology, (2000) Vol. 25, No. 3, pp. 176-182.
Refs: 30
ISSN: 0307-6938 CODEN: CEDEDE
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 30 Jun 2000
Last Updated on STN: 30 Jun 2000

AB Oral lichen planus is a relatively common inflammatory disease affecting between 0.5% and 2.2% of the population in epidemiological studies. In contrast with cutaneous lichen planus (LP), in which the clinical course is often mild and resolves within 2 years, mucosal LP tends to follow a more chronic course often punctuated by acute exacerbations. Furthermore, although distinct clinical subtypes such as reticular, atrophic, hypertrophic and erosive forms are well recognized, more than one clinical phenotype may be seen at a time. The rare association with oral neoplasia should always be considered and high-risk patients must be kept under close observation. Thus the management of this disorder will vary widely both between patients, and for individual patients, with fluctuations in disease activity. Here we discuss the therapeutic options available and review the evidence for their use.

L22 ANSWER 25 OF 39 USPATFULL on STN
ACCESSION NUMBER: 1999:155755 USPATFULL Full-text
TITLE: Peripherally active anti-hyperalgesic opiates
INVENTOR(S): Yaksh, Tony L., San Diego, CA, United States
PATENT ASSIGNEE(S): Regents of the University of California, Oakland, CA, United States (U.S. corporation)

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 5994372		19991130	<--
APPLICATION INFO.:	US 1996-712881		19960912	(8)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 1995-528510, filed on 12 Sep 1995, now patented, Pat. No. US 5849761			

DOCUMENT TYPE: Utility
FILE SEGMENT: Granted
PRIMARY EXAMINER: Spivack, Phyllis G.
LEGAL REPRESENTATIVE: Seidman, Stephanie L.Heller Ehrman White & McAuliffe

NUMBER OF CLAIMS: 29
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 9 Drawing Figure(s); 5 Drawing Page(s)
LINE COUNT: 5274
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compositions and methods using the compositions for treatment of peripheral hyperalgesia are provided. The compositions contain an anti-hyperalgesia effective amount of one or more compounds that directly or indirectly interact with peripheral opiate receptors, but that do not, upon topical or local administration, elicit substantial central nervous system effects. The anti-diarrheal compound 4-(p-chlorophenyl)-4-hydroxy-N-N-dimethyl-α,α-diphenyl-1- piperidinebutyramide hydrochloride is preferred for use in the compositions and methods.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L22 ANSWER 26 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN DUPLICATE 3
ACCESSION NUMBER: 1999268468 EMBASE Full-text
TITLE: Treatment of oral dryness related complaints (xerostomia) in Sjogren's syndrome.
AUTHOR: Van Der Reijden, Willy A., Dr. (correspondence); Veerman, Enno C.I.; Nieuw Amerongen, Arie V.
CORPORATE SOURCE: Section Oral Biochemistry, Department of Oral Biology, Acad. Ctr. for Dentistry Amsterdam, Amsterdam, Netherlands.
AUTHOR: Vissink, Arjan
CORPORATE SOURCE: Dept. of Oral/Maxillofacial Surgery, University Hospital Groningen, Groningen, Netherlands.
AUTHOR: Van Der Reijden, Willy A., Dr. (correspondence)
CORPORATE SOURCE: Section Clinical Oral Microbiology, Department of Oral Biology, Acad. Ctr. for Dentistry Amsterdam, Van der Boechorststraat 7, 1081 BT Amsterdam, Netherlands.
AUTHOR: Van Der Reijden, Willy A., Dr. (correspondence)
CORPORATE SOURCE: Section Clinical Oral Microbiology, Department of Oral Biology, Academic Ctr. for Dent. Amsterdam, Van der Boechorststraat 7, 1081 BT Amsterdam, Netherlands.
SOURCE: Annals of the Rheumatic Diseases, (1999) Vol. 58, No. 8, pp. 465-473.
Refs: 115
ISSN: 0003-4967 CODEN: ARDIAO
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Aug 1999
Last Updated on STN: 12 Aug 1999

L22 ANSWER 27 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1998406158 EMBASE Full-text
TITLE: Evidence-based dermatologic out-patient treatment.
AUTHOR: Jemec, Gregor B. E., Dr. (correspondence); Thorsteinsdottir, Hugrun; Wulf, Hans Christian
CORPORATE SOURCE: Department of Dermatology, University of Copenhagen, Bispebjerg Hospital, Copenhagen, Denmark.
AUTHOR: Jemec, Gregor B. E., Dr. (correspondence)
CORPORATE SOURCE: Strandvejen 97, 3tv, DK-2900 Hellerup, Denmark.

AUTHOR: Jemec, Gregor B. E., Dr. (correspondence)
CORPORATE SOURCE: Strandvejen 97, DK-2900 Hellerup, Denmark.
SOURCE: International Journal of Dermatology, (1998) Vol. 37, No. 11, pp. 850-854.
Refs: 61
ISSN: 0011-9059 CODEN: IJDEBB
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 29 Dec 1998
Last Updated on STN: 29 Dec 1998

AB Objective: To determine the evidence base for routine therapeutic decisions in dermatologic out-patients. Design: A retrospective review of a random sample of primary therapy and literature. Setting: University hospital, dermatologic out-patient clinic in Copenhagen. Material: A random sample of the case notes from 115 out-patients. Method: The evidence base of therapy prescribed when the diagnosis was ascertained was studied in literature searches in MEDLINE® and EMBASE®. Evidence was structured into primary evidence consisting of randomized controlled trials, and secondary evidence consisting of follow-up studies or the application of trial Results: between diseases with pathogenic or clinical similarities, e.g. atopic and seborrheic dermatitis. Results: Randomized controlled trials could be found describing 38% (95% confidence interval: 30-47) of all treatments. Secondary evidence was found for 33% (24-41), while no evidence was found for 23% (16- 31) of the given treatments. Conclusions: Approximately three-quarters of dermatologic out-patient therapy is based on scientific evidence ranging from randomized controlled trials to logical deduction from analogous clinical situations. The proportion of evidence-based medicine in dermatologic therapy therefore appears to be comparable with that of internal medicine and may thus be above expectations.

L22 ANSWER 28 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 1998-27429 DRUGU T M S E Full-text
TITLE: Cutaneous Ulceration: An unusual sign of methotrexate toxicity -first report in a patient without psoriasis.
AUTHOR: Ben Amitai D; Hodak E; David M
CORPORATE SOURCE: Univ.Tel-Aviv
LOCATION: Petah Tiqva, Isr.
SOURCE: Ann.Pharmacother. (32, No. 6, 651-53, 1998) 1 Fig. 10 Ref.
CODEN: APHRER ISSN: 1060-0280
AVAIL. OF DOC.: Pediatric Dermatology Unit, Schneider Children's Medical Center of Israel, Beilinson Campus, Tel Aviv University, Petah Tiqva 49202, Israel.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1998-27429 DRUGU T M S E Full-text

AB A case of methotrexate-induced (MTX) skin ulceration treated with topical mupirocin (MPC) and betamethasone valerate/chlorhexidine (BMV/CHD) and p.o. erythromycin (EYM), in a patient without psoriasis is reported. This was the 1st known reported case of skin ulceration following MTX therapy. This case identifies the need for skin ulceration to be added to the list of possible toxic adverse effects of MTX, not only in patients with psoriasis, but also in those without psoriasis. Oncologists and rheumatologists need to be aware of this reaction.

ABEX A 67-yr-old man with a history of seronegative arthritis, treated with MTX (5 mg/day), prednisone (PDS; 5 mg/day) and hydroxychloroquine (HCQ; 200 mg b.i.d.), presented with leg ulcers and an oral burning sensation. Concomitant medication included isosorbide dinitrate, propafenone and ranitidine. A physical examination revealed deep ulcerations 1-2 cm in diameter with irregular borders on the limbs and shallow erosions over erythematous patches on the lips and tongue. There were no signs suggestive of psoriasis. MTX was withdrawn and treatment with PDS and HCQ continued. The patient was also treated with topical MPC and BMV 0.025%/CHD mouthwash and p.o. EYM (1.5 g). Over the next 5 wk the ulcers healed. (CH)

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ACCESSION NUMBER: 1998236702 EMBASE Full-text
TITLE: Sjogren's syndrome: Clinical features, diagnosis and management.
AUTHOR: Klestov, A.C., Dr. (correspondence)
CORPORATE SOURCE: Rheumatology Department, Royal Brisbane Hospital, Herston, QLD, Australia.
SOURCE: Modern Medicine of Australia, (1998) Vol. 41, No. 6, pp. 104-114.
Refs: 6
ISSN: 1030-3782 CODEN: MMAUB7
COUNTRY: Australia
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 026 Immunology, Serology and Transplantation
037 Drug Literature Index
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 14 Aug 1998
Last Updated on STN: 14 Aug 1998

AB Sjogren's syndrome is an immune mediated disorder of exocrine glands that may involve other organ systems. The variety of clinical presentations means that many types of health professionals may be involved. Diagnosis requires demonstration of impaired secretory mechanisms, the presence of characteristic autoimmunity, and exclusion of nonimmune mediated conditions and the effects of many drugs. Most patients are treated symptomatically. This article provides a guide to the recognition and management of Sjogren's syndrome in general practice.

L22 ANSWER 30 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN

ACCESSION NUMBER: 1996-19265 DRUGU S Full-text
TITLE: Drug-induced tinnitus and other hearing disorders.
AUTHOR: Sligmann H; Podoshin L; Ben David J; Fradis M; Goldsher M
CORPORATE SOURCE: Inst.Technol.Haifa; Bnai-Zion-Med.Cent.Haifa
LOCATION: Haifa, Isr.
SOURCE: Drug Safety (14, No. 3, 198-212, 1996) 2 Tab. 168 Ref.
ISSN: 0114-5916
AVAIL. OF DOC.: Department of Otolaryngology - Head and Neck Surgery, Bnai Zion Medical Center, POB 4940, 31048 Haifa, Israel. (L.P.).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1996-19265 DRUGU S Full-text

AB Drug-induced tinnitus and other hearing disorders are reviewed. Over 130 drugs and chemicals are potentially ototoxic; aminoglycosides and aspirin are

the most frequently implicated. The following drugs are associated with tinnitus; actinomycin-D, adroloxyfen, chlorhexidine, tetracycline, chloramphenicol, polymyxin, hydrocortisone, lidocaine, bupivacaine, morphine, tocainide, flecainide, carbamazepine, valproate, diazoxide, enalapril, cimetidine, famotidine, omeprazole, ciclosporin, pentazocine, propoxyphene, mianserin, fluoxetine, benzodiazepine, diazepam, acetazolamide, aminophylline, caffeine, cobalt, deferoxamine, levodopa and propylthiouracil.

ABEX Kanamycin, amikacin, netilmicin and neomycin are cochleotoxic; streptomycin is vestibulotoxic and tobramycin is both cochleotoxic and vestibulotoxic. Some commonly used antimicrobials potentially or sporadically cause tinnitus (clindamycin), hearing loss (ampicillin, chloramphenicol, furazolidone, polymyxin B, colistin, cotrimoxazole and trimethoprim-sulfamethoxazole), and vestibular symptoms, (furazolidone, metronidazole and nalidixate). Agents implicated in single case reports of tinnitus (isoniazid, enviomycin, ketoconazole, tiabendazole and hepatitis B vaccine), hearing loss (rifampicin, capreomycin, measles, mumps and rubella vaccine, measles and rubella vaccine and interferon) and vestibular symptoms (isoniazid and itraconazole), are reported. High dose erythromycin can produce bilateral hearing loss. The ototoxic potential of clarithromycin and azithromycin has yet not been assessed. Vancomycin, doxycycline and minocycline are generally considered to be ototoxic. NSAIDs associated with tinnitus and hearing loss include indometacin, etodolac, tolmetin, ibuprofen, naproxen, fenoprofen, mefenamate, piroxicam and proquazone. Etacrynate, furosemide and bumetanide produce a dose related, usually reversible ototoxicity. Torasemide, quinine, chloroquine, hydroxychloroquine, primaquine, cisplatin, fluorouracil, bleomycin, carboplatin, cyclophosphamide, ifosfamide, methotrexate, vincristine are also associated with tinnitus. (COS)

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ACCESSION NUMBER:	1995044852 EMBASE Full-text
TITLE:	Severe, disseminated, life threatening herpes tester infection in a patient with rheumatoid arthritis treated with methotrexate.
AUTHOR:	Chin, D.W.T. (correspondence)
CORPORATE SOURCE:	Department of Medicine, Timaru Hospital, Queen Street, Private Bag, Timaru, New Zealand.
SOURCE:	Annals of the Rheumatic Diseases, (1995) Vol. 54, No. 2, pp. 155. ISSN: 0003-4967 CODEN: ARDIAO
COUNTRY:	United Kingdom
DOCUMENT TYPE:	Journal; Note
FILE SEGMENT:	006 Internal Medicine 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology 038 Adverse Reactions Titles 037 Drug Literature Index 031 Arthritis and Rheumatism 030 Clinical and Experimental Pharmacology 026 Immunology, Serology and Transplantation
LANGUAGE:	English
ENTRY DATE:	Entered STN: 8 Mar 1995 Last Updated on STN: 8 Mar 1995

L22 ANSWER 32 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN

ACCESSION NUMBER:	1995-09623 DRUGU S Full-text
TITLE:	Drug-induced mouth disorders.
AUTHOR:	Korstanje M J

LOCATION: Geldrop, Neth.
SOURCE: Clin.Exp.Dermatol. (20, No. 1, 1995) 7 Tab. 71 Ref.
CODEN: CEDEDE ISSN: 0307-6938
AVAIL. OF DOC.: Department of Dermatology, St Anna Hospital, Bogardeind 2, 5664 EH Geldrop, the Netherlands.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1995-09623 DRUGU S Full-text
AB Drug-induced mouth disorders including dry-mouth (xerostomia), ptyalism, pain and swelling of the salivary glands, disturbances of the sense of taste, halitosis, discoloration of the oral mucosa and teeth, gingival hyperplasia and hypertrophy, oral infections, erythema multiforme and Stevens-Johnson syndrome, angioedema, stomatitis, fixed-drug-eruptions, lichenoid lesions, paraesthesia are reviewed. Idoxuridine, iron, imipramine, indometacin, iodine containing compounds, isoniazid, isoprenaline, isosorbide-dinitrate, isotretinoin, ketoconazole, ketamine, levodopa, lincomycin, lisinopril, lithium, maprotiline, mazindol, mepacrine, meprobamate, mercury, mesalazine, metamphetamine, metformin, methaqualone, methyldopa and methylthiouracil.
ABEX Drugs discussed include dicyclomine HCl (dicycloverine), oxyphenonium bromide, poldine, propantheline bromide, amitriptyline, maprotiline HCl, benzhexol (triphexyphenidyl), biperiden, benzatropine mesilate, orphenadrine, levodopa, trihexphendyl, phenothiazines, phenothiazine derivatives, orphenadrine, cyclobenzaprine, chlorpromazine, promazine, thioridazine, metoclopramide, meperidine, morphine, carbamazepine, hydrochlorothiazide, frusemide, meprobamate, benzodiazepines, busulfan, procarbazine, chlorhexidine, iodine compounds, methyldopa, oxyphenbutazone, phenothiazines, phenylbutazone, pyrazolone derivatives, sulphonamides, thiouracil, acetazolamide, acetylcysteine, acetylsalicylic acid (aspirin), aldosterone, allopurinol, aminophenazone, amitriptyline, amphetamines, ACE-inhibitors, antibiotics, antiepileptics, atracurium, atropine, barbiturates, benzoates, benzodiazepines, beta-blockers, biperiden, bismuth, bretylium tosilate, bromides, bumetanide, buprenorphine, busulfan, calcium antagonists, captopril, carbamazepine, carbidopa, carbimazole, carbonate, catecholamines, cephalosporines, chloral-hydrate, chlordiazepoxide, chlorhexidine, chloroquine, chlorpromazine, cholinesterase inhibitors, clofibrate, clonidine, cocaine, co-trimoxazole, cyclosporin, cytostatics, dapsone, diflunisal, diltiazem, DMSO, disopyramide, disulfiram, diuretics, doxycycline, enalapril, ephedrine, fenazone, fenfluramine chloride, fluconazole, frusemide, gallium nitrate, gold-salts, griseofulvin, guanethidine, hydralazine, and hydroxychloroquine. (AE)

L22 ANSWER 33 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1994313858 EMBASE Full-text
TITLE: Chronic actinic dermatitis: An analysis of 51 patients evaluated in the United States and Japan.
AUTHOR: Lim, H.W., Dr. (correspondence); Morison, W.L.; Kamide, R.; Buchness, M.R.; Harris, R.; Soter, N.A.
CORPORATE SOURCE: New York VA Medical Center, 423 E 23rd St, New York, NY 10010, United States.
SOURCE: Archives of Dermatology, (1994) Vol. 130, No. 10, pp. 1284-1289.
ISSN: 0003-987X CODEN: ARDEAC
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 9 Nov 1994
Last Updated on STN: 9 Nov 1994

AB Background and Design: We studied the clinical and photobiologic features of 51 patients with chronic actinic dermatitis who were evaluated at three institutions. The following criteria for patient selection were used: (1) a persistent eczematous eruption in the sun-exposed areas of greater than 3 months' duration; (2) decreased phototest results; and (3) when available, histologic changes of a dermal infiltrate of lymphocytes and macrophages, with or without epidermal spongiosis and atypical mononuclear cells in the dermis and epidermis. Results: The 51 patients had a mean age of 62.7 years, a male-to-female ratio of 2.6:1, and a mean duration of eruption of 5.8 years. The most common abnormal results of the phototests were decreased minimal erythema doses to both UV-A and UV-B, followed by decreased minimal erythema doses to UV-A alone. Patients with abnormally low responses to UV-A or visible light and normal minimal erythema doses to UV-B had the same clinical profile as the overall patient population. Aside from protection from sunlight, treatment modalities that have been used include PUVA (8- methoxypsoralen and UV-A) photochemotherapy, azathioprine, hydroxychloroquine sulfate, and, for recalcitrant cases, cyclosporine. Conclusions: Chronic actinic dermatitis is a persistent photodermatosis associated with abnormal phototest responses to UV-A, and/or UV-B, and/or increased sensitivity to visible light; histopathologic changes are consistent with photodermatitis. Treatment consists of combinations of topical and oral medications.

L22 ANSWER 34 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN DUPLICATE 4
ACCESSION NUMBER: 1995017789 EMBASE Full-text
TITLE: Cicatricial alopecia occurring in two sisters from Ghana.
AUTHOR: Vaughan Jones, S.A., Dr. (correspondence); Black, M.M.
CORPORATE SOURCE: St John's Institute of Dermatology, St Thomas' Hospital, London SE1 7EH, United Kingdom.
SOURCE: Clinical and Experimental Dermatology, (1994) Vol. 19, No. 6, pp. 500-502.
ISSN: 0307-6938 CODEN: CEDEDE
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
022 Human Genetics
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 9 Feb 1995
Last Updated on STN: 9 Feb 1995

AB We report two sisters from Ghana who presented with cicatricial alopecia simultaneously. In both cases the aetiology is unclear although both gave a history of previous scalp folliculitis. We classify the causes of cicatricial alopecia and the difficulties that can arise in placing such patients in a clinical category. Racial origin may be relevant in our cases; to our knowledge this is the first report of cicatricial alopecia occurring in two sisters.

L22 ANSWER 35 OF 39 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1994284806 EMBASE Full-text
TITLE: Persistent light reaction with erythroderma caused by musk ambrette: A case report.

AUTHOR: Lan, L.-R.; Lee, J.Y.-Y., Dr. (correspondence); Kao, H.-F.; Wang, B.-J.; Chen, H.-C.
CORPORATE SOURCE: Department of Dermatology, National Cheng-Kung Univ. Hospital, 138 Sheng-Li Road, Tainan, Taiwan, Province of China.
SOURCE: Cutis, (1994) Vol. 54, No. 3, pp. 167-170.
ISSN: 0011-4162 CODEN: CUTIBC
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 013 Dermatology and Venereology
037 Drug Literature Index
005 General Pathology and Pathological Anatomy
052 Toxicology
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 6 Oct 1994
Last Updated on STN: 6 Oct 1994

AB Persistent light reaction is an uncommon type of photodermatitis caused mainly by musk ambrette, a synthetic fragrance material commonly used in foods and cosmetics. Erythrodermic persistent light reaction is rare. We report a case of erythroderma with underlying persistent light reaction due to musk ambrette. A 71-year-old man showed a photodermatitis that waxed and waned for five years before it became more persistent and finally evolved into erythroderma. Positive results of a photopatch test to musk ambrette and a low minimal erythema dose to ultraviolet B were noted. A biopsy specimen of the erythrodermic lesion revealed spongiotic dermatitis. The erythroderma and photodermatitis responded to systemic steroids and psoralen/ultraviolet A therapy (total dose: 90 J/cm(2)). We suggest that persistent light reaction be included in the differential diagnosis of erythroderma.

L22 ANSWER 36 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 1994-47469 DRUGU S Full-text
TITLE: Adverse oral effects of systemic drug use.
AUTHOR: Galan D; Grymonpre R
CORPORATE SOURCE: Univ.Manitoba
LOCATION: Winnipeg, Manitoba, Canada
SOURCE: Can.J.Hosp.Pharm. (47, No. 4, 155-64, 1994) 5 Fig. 6 Tab. 77 Ref.
CODEN: CJHPAV ISSN: 0008-4123
AVAIL. OF DOC.: Faculty of Dentistry, University of Manitoba, 780 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3, Canada.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1994-47469 DRUGU S Full-text

AB The oral side-effects of systemic drug use are reviewed with reference to oral ulceration, gingival hyperplasia, xerostomia, salivary gland pain and enlargement, sialorrhea, altered taste sensation, oral flora changes, drug-induced blood-disorders, neurological disorders and lichenoid eruptions. SLE, tardive dyskinesia, oral Candida albicans and Herpes simplex, leukopenia and erythema multiforme are also reported. Drugs used to treat the side-effects include pilocarpine, bethanechol, neostigmine, pyridostigmine, nystatin and cellulose-cm.

ABEX Drugs reviewed include aspirin, hydralazine, procainamide HCl, ethosuximide, isoniazid, Li carbonate, quinidine, thiouracil, D-penicillamine, phenytoin, ciclosporin, nifedipine, clindamycin, tetracycline, sulfonamides, rifampicin, barbiturates, carbamazepine,

phenytoin, chlorpropamide, propylthiouracil, minoxidil, propranolol, phenylbutazone, salicylates, phenolphthalein, trihexyphenidyl, procyclidine, benztropine, amitriptyline, imipramine, doxepin, prochlorperazine, diphenhydramine, orphenadrine, clonidine HCl, methyldopa, prazosin, disopyramide, mazindol, fenfluramine, amfepramone, cyclobenzaprine, baclofen, iodines, methyldopa, phenylbutazone, phenothiazines, thiocyanate, thiouracil, bretylium, guanethidine sulfate, nitrazepam, loxapine, clozapine, azathioprine, corticosteroids, cefamandole, lincomycin, procaine benzylpenicillin, metronidazole, sulfasalazine, chlorhexidine, pentamidine, amphotericin-B, griseofulvin, terbinafine, ethambutol, biguanides, adriamycin, bleomycin, cisplatin, methotrexate, fluorouracil, levodopa, thiamazole, methylthiouracil, sumatriptan, amiloride, amrinone, captopril, enalapril, nifedipine, nitroglycerol, propafenone, spironolactone, zopiclone, flurazepam, phenylbutazone, ibuprofen, allopurinol, auranofin, acetazolamide, deferoxamine, dipyridamole, isotretinoin, levamisole, omega fatty acids, chloramphenicol, streptomycin, vancomycin, heparin, hydantoin derivatives, valproate, pyrimethamine, quinidine, procainamide, meprobamate, tolbutamide, haloperidol, reserpine, diazoxide, triprolidine HCl, hydroxychloroquine, penicillamine, oxprenolol and labetalol. (SLB)

L22 ANSWER 37 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 1990-11269 DRUGU T S Full-text
TITLE: Pharmacological Management of Recurrent Oral Mucosal Ulceration.
AUTHOR: Burgess J A; Johnson B D; Sommers E
LOCATION: Seattle, Washington, United States
SOURCE: Drugs (39, No. 1, 54-65, 1990) 1 Fig. 4 Tab. 35 Ref.
CODEN: DRUGAY ISSN: 0012-6667
AVAIL. OF DOC.: School of Dentistry, Department of Oral Medicine, SC-63, University of Washington, Seattle, WA 98195, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1990-11269 DRUGU T S Full-text
AB Pharmacological management of recurrent oral mucosal ulceration is briefly reviewed with special reference to clinical efficacy and adverse reaction liability of appropriate medication(s) for control of recurrent aphthous stomatitis (antimicrobial/antifungal drugs, topical or systemic corticosteroids, analgesics, antihistamine/antacid rinses, immune stimulants, antianxiety drugs, chemical astringents, etc.), erosive lichen planus (systemic steroids, steroid injection, etc.), benign mucous membrane phemphigoid erythema multiforme, Behcet disease, allergic stomatitis and infections such as candidiasis, recurrent HSV-1 infection and acute necrotizing ulcerative gingivitis.
ABEX Pharmacological management of recurrent oral mucosal ulceration may be achieved by appropriate selection of those drugs (as indicated) which are both effective and acceptably safe when administered for control of conditions such as recurrent aphthous stomatitis (tetracycline HCl, chlorhexidine gluconate, hydrogen peroxide, clotrimazole/ ketoconazole/ miconazole/nystatin, minocycline HCl; topical triamcinolone acetonide, triamcinolone, desoxycorticosterone, fluocinonide, dexamethasone; systemic steroids; aspirin, ibuprofen, paracetamol; diphenhydramine HCl/ magnesium hydroxide, cromolyn sodium, xylocaine, dyclonine HCl; levamisole; alprazolam, lorazepam, diazepam, thalidomide; silver nitrate as Negatin; cyanocobalamin, folic acid, iron, zinc sulfate, ethinylestradiol, diethylstilbestrol, conjugated equine estrogens, carbenoxolone sodium, glycyrrhizin), erosive lichem planus

(etiologically implicated agents: dapsone, hydroxychloroquine, phenothiazines, thiazides, griseofulvin, penicillin, methyldopa, furosemide, mercury, propranolol, streptomycin, hydralazine, phenytoin, allopurinol, gold, penicillamine, tetracycline, isoniazid, naproxen; therapeutic: systemic prednisolone, prednisone, methylprednisolone, i.d. triamcinolone acetonide injection, etc., with possible interaction with indomethacin, heparin, amphotericin B, etc.), benign mucous membrane pemphigoid (azathioprine, etc.), erythema multiforme (aciclovir, etc.), Behcet disease (cyclophosphamide, etc.), candidiasis, recurrent HSV-1 infection (systemic lysine, etc.) and acute necrotizing ulcerative gingivitis (metronidazole, etc.) and other ulcerogenic infections. (E42/JM)

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ACCESSION NUMBER: 1985144221 EMBASE Full-text
TITLE: [Drug-induced ototoxicity].
LA PATHOLOGIE COCHLEO-VESTIBULAIRE D'ORIGINE MEDICAMENTEUSE.
AUTHOR: Blondiau, P.; Sternon, J.
CORPORATE SOURCE: Service ORL, Hopital Universitaire Brugmann, ULB, Bruxelles, Belgium.
SOURCE: Revue Medicale de Bruxelles, (1985) Vol. 6, No. 5, pp. 365-369.
ISSN: 0035-3639 CODEN: RMBXA7
COUNTRY: Belgium
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: French
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 10 Dec 1991
Last Updated on STN: 10 Dec 1991

L22 ANSWER 39 OF 39 DRUGU COPYRIGHT 2008 THOMSON REUTERS on STN

ACCESSION NUMBER: 1983-43310 DRUGU S Full-text
TITLE: Spectrum of Oral Disease Induced by Drugs and Other Bioactive Agents: Diagnosis and Management.
AUTHOR: Hay K D; Reade P C
LOCATION: Melbourne, Australia
SOURCE: Drugs (26, No. 3, 268-77, 1983) 4 Tab. 36 Ref.
CODEN: DRUGAY ISSN: 0012-6667
AVAIL. OF DOC.: Department of Dental Medicine and Surgery, Faculty of Dental Science, University of Melbourne, 711 Elizabeth Street, Melbounre, Victoria 3000, Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1983-43310 DRUGU S Full-text

AB The spectrum of orofacial disease induced by drugs is reveiwed. A proportion of oral mucous membrane and hard tissue lesions can be caused by drugs. The incidence of these problems can be expected to increase as more drugs are prescribed for therapeutic purposes. Successful diagnosis and management of drug-induced lesions of the oral cavity remains largely dependent on an accurate history and astute clinical observations.

ABEX The clinical manifestations of orofacial disease induced by drugs can be divided into direct effects, pharmacological effects, secondary oral effects, cumulative effects, effects of specific drugs, drug-induced

immunological effects and indirect effects. Phenol, silver nitrate, chromic acid, creosote, trichloroacetic acid, eugenol, ethanol, aspirin, gentian violet, isoprenaline, chlorhexidine, tetracycline, mercurial salts, iodides, bromides, ketamine, bretylium, methyldopa, guanethidine, bethanidine, clonidine, phenylbutazone, oxyphenbutazone, iodides, insulin, isoprenaline, methyldopa, warfarin, phenothiazines, thiouracil, thiocyanate, KCl, sulfonamides, D-penicillamine, griseofulvin, phenindione, metronidazole, phenformin, metformin, corticosteroids, chlorpromazine, imipramine, azathioprine, hydralazine, levodopa, cycloserine, methotrexate, phenytoin, phenobarbitone, primidone, triamterene, sulfasalazine, colestyramine, penicillin, clindamycin, phenolphthalein, carbamazepine, isoniazid, chlorpropamide, phenazone, thiacetazone, meprobamate, amidopyrine, allopurinol, amiphenazole, chloroquine, hydroxychloroquine, mepacrine, tolbutamide, tetracycline, chlorothiazide, practolol, dapsone, frusemide, quinidine, triprolidine, PAS, arsenicals, bismuth, gold salts, mercury and procainamide were mentioned as causes of oral disease.

SEARCH HISTORY

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=> d his ful

     (FILE 'HOME' ENTERED AT 11:53:20 ON 21 AUG 2008)

     FILE 'HCAPLUS' ENTERED AT 11:54:02 ON 21 AUG 2008
                E DAYAN DAN/AU
L1           53 SEA ABB=ON  ("DAYAN D"/AU OR "DAYAN DAN"/AU)
L2            2 SEA ABB=ON  L1 AND (?STOMATITIS? OR ?MUCOSITIS?)
                SELECT RN L2 1-2

     FILE 'REGISTRY' ENTERED AT 11:55:44 ON 21 AUG 2008
L3           10 SEA ABB=ON  (118-42-3/BI OR 120-47-8/BI OR 130-95-0/BI OR
                1398-61-4/BI OR 55-56-1/BI OR 56-54-2/BI OR 89-83-8/BI OR
                94-13-3/BI OR 94-26-8/BI OR 99-76-3/BI)

     FILE 'HCAPLUS' ENTERED AT 11:55:49 ON 21 AUG 2008
L4            2 SEA ABB=ON  L2 AND L3

     FILE 'REGISTRY' ENTERED AT 11:56:23 ON 21 AUG 2008
                E HYDROXYCHLOROQUINE/CN
                E HYDROXYCHLOROQUINE/CN
L5            1 SEA ABB=ON  HYDROXYCHLOROQUINE/CN
L6              STRUCTURE 118-42-3
L7            2 SEA SSS SAM L6
L8           84 SEA SSS FUL L6
                E CHLORHXIDINE/CN
                E CHLORHEXIDINE/CN
L9            1 SEA ABB=ON  CHLORHEXIDINE/CN
L10             STRUCTURE 55-56-1
L11          24 SEA SSS SAM L10
L12         373 SEA SSS FUL L10

     FILE 'HCAPLUS' ENTERED AT 12:00:42 ON 21 AUG 2008
L13          15 SEA ABB=ON  (L8 OR ?HYDROXYCHLOROQUINE?) AND (L12 OR ?CHLORHEXI
                DINE?)
L14           7 SEA ABB=ON  L13 AND (PRD<20040122 OR PD<20040122)

     FILE 'USPATFULL' ENTERED AT 12:02:34 ON 21 AUG 2008
L15         133 SEA ABB=ON  L13 AND (PRD<20040122 OR PD<20040122)
L16           0 SEA ABB=ON  L15 AND ?APHTHOUS?(W)?STOMATITIS?

     FILE 'HCAPLUS' ENTERED AT 12:03:37 ON 21 AUG 2008
L17           0 SEA ABB=ON  L14 AND (?STOMATITIS? OR ?MUCOSITIS?)(4A)(?ORAL?
                OR ?MOUTH?)
L18           1 SEA ABB=ON  L13 AND (?STOMATITIS? OR ?MUCOSITIS?)(4A)(?ORAL?
                OR ?MOUTH?)

     FILE 'USPATFULL' ENTERED AT 12:04:10 ON 21 AUG 2008
L19          12 SEA ABB=ON  L13 AND (?STOMATITIS? OR ?MUCOSITIS?)(4A)(?ORAL?
                OR ?MOUTH?)
L20           5 SEA ABB=ON  L19 AND (PRD<20040122 OR PD<20040122)

     FILE 'MEDLINE, BIOSIS, EMBASE, DRUGU' ENTERED AT 12:05:00 ON 21 AUG 2008
L21          37 SEA ABB=ON  (L5 OR ?HYDROXYCHLOROQUINE?) AND (L9 OR ?CHLORHEXID
                INE?)

     FILE 'HCAPLUS, USPATFULL, MEDLINE, BIOSIS, EMBASE, DRUGU' ENTERED AT
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12:06:37 ON 21 AUG 2008
L22 39 DUP REMOV L18 L20 L21 (4 DUPLICATES REMOVED)

FILE HOME

FILE HCAPLUS

FILE COVERS 1907 - 21 Aug 2008 VOL 149 ISS 8
FILE LAST UPDATED: 20 Aug 2008 (20080820/ED)

HCAplus now includes complete International Patent Classification (IPC) reclassification data for the second quarter of 2008.

New CAS Information Use Policies, enter HELP USAGETERMS for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE REGISTRY
Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 20 AUG 2008 HIGHEST RN 1042337-34-7
DICTIONARY FILE UPDATES: 20 AUG 2008 HIGHEST RN 1042337-34-7

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FILE USPATFULL
FILE COVERS 1971 TO PATENT PUBLICATION DATE: 21 Aug 2008 (20080821/PD)
FILE LAST UPDATED: 21 Aug 2008 (20080821/ED)
HIGHEST GRANTED PATENT NUMBER: US7415732
HIGHEST APPLICATION PUBLICATION NUMBER: US20080201812
CA INDEXING IS CURRENT THROUGH 21 Aug 2008 (20080821/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 21 Aug 2008 (20080821/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Jun 2008
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Jun 2008

USPATFULL now includes complete International Patent Classification (IPC)

reclassification data for the second quarter of 2008.

FILE MEDLINE
FILE LAST UPDATED: 20 Aug 2008 (20080820/UP). FILE COVERS 1949 TO DATE.

MEDLINE has been updated with the National Library of Medicine's revised 2008 MeSH terms. See HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

See HELP RANGE before carrying out any RANGE search.

FILE BIOSIS
FILE COVERS 1926 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 20 August 2008 (20080820/ED)

BIOSIS has been augmented with 1.8 million archival records from 1926 through 1968. These records have been re-indexed to match current BIOSIS indexing.

FILE EMBASE
FILE COVERS 1974 TO 21 Aug 2008 (20080821/ED)

EMBASE was reloaded on March 30, 2008.

EMBASE is now updated daily. SDI frequency remains weekly (default) and biweekly.

This file contains CAS Registry Numbers for easy and accurate substance identification.

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FILE DRUGU
FILE LAST UPDATED: 14 AUG 2008 <20080814/UP>
>>> DERWENT DRUG FILE (SUBSCRIBER) <<<

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